2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000065998** Jan 20, 2000 8:00 am 1. Entity Name **Secretary of State** TONY'S LAWNMOWER & SMALL ENGINE REPAIR INC. 01-20-2000 90203 039 ***150.00 Principal Place of Business Mailing Address 5937 N.W. 16TH CT. 5937 N.W. 16TH CT. SUNRISE FL 33313-4732 SUNRISE FL 33313 3. Mailing Address 2. Principal Place of Business 2450 5.W. 5644 AUE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEi Number Applied For City & State City & State 65-0937859 Not Applicable Hollywood \$8.75 Additional country. 5. Certificate of Status Desired-Fee Required 33029 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BUDGETT, ANTHONY** Street Address (P.O. Box Number is Not Acceptable) 5937 N.W. 16TH CT. SUNRISE FL 33313 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition ☐ Delete TITLE BUDGETT, ANTHONY NAME NAME STREET ADDRESS STREET ADDRESS 5937 N.W. 16TH CT. CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33313 ☐ Change ☐ Addition ☐ Delete BUDGETT, EVANGELA A NAME STREET ADDRESS 5937 N.W. 16TH CT. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SUNRISE FL 33313 ☐ Change Addition Delete TITLE TITLE THAYER, Brian M. 3880 N.W. 97+ AVE NAME STREET ADDRESS STREET ADDRESS Hollyweed, FL 33024 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

SIGNATURE:

TITLE NAME STREET ADDRESS

CITY-ST-7IP

Change

Addition